

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Harry Samuel

Name (Print)

8-17-62

Date of Birth

00201360

SBI Number

19C34 21D46

Housing Location

6-9-05

Date Submitted

Complaint (What type of problem are you having)? my tooth filling came
out 9 months ago and my teeth need to be filled and
my teeth need to be even up with Braces.
This is my 6th attempt to get treatment and its over
9 months and no treatment yet.

Harry Samuel

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time